EXHIBIT A

5344680 COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

							SEPTE	TO DAY 2	,	24-	055468
1. FULL NAME OF DECEDENT (first) MARISSA	KRIST	TINA	(middle)		BL	AIR	(last)				(suffix)
2. SEX 3. DATE OF DEA	гн	■ ACTUAL	П	4. D	ATE OF BIRTH		5. AGE Years	IF UND	ER I YEAR Days	Hour	UNDER 1 DAY Minute
	BER 19, 2024	APPROXIN	MATE FO	OUND		1989	35				
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? YES NO UNKNOWN	VIRGINI		OREIGN COUNTR	(Y)	8, S6	OCIAL SECURITY	1866	,		APPROPRIATION OF OBTAINAB	
9. STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROU	JTE NO.)				WN OF RESIDENCE						R TOWN LIMITS
1289 SWAN LAKE DRIVE 11. COUNTY OF DECEDENT'S RESIDENCE (if independent city, lea	ve blank)				OR FOREIGN COU		ENT'S RESIDEN	CE	12a. 2	IP CODE	□NO
13. RACE OF DECEDENT (CHECK ONE OR MORE)				VIRGINI						22	902
WHITE BLACK OR AFRICAN AMERICAN ASIAN INDIAN CHINESE	SAMOAN D	KOREAN VIETNAMESE UNKNOWN	_	IFIC ISLANDER(SPE IN (SPECIFY)	AN NATIVE(SPECIFY)						
AND HISPANIC CENTRAL OR SOUTH AMERICAL ONLY OF THE SPANIC ORIGIN? ONLY OF THE SPANIC CENTRAL OR SOUTH AMERICAL		MEXIC.		JERTO RICAN	OTHER (SPE	CIEV				UNKNOWN	
5. EDUCATION (HIGHEST GRADE COMPLETED) ASSOCIATE DEGREE BACHELOR'S DEGREE	ELEMENTARY/S. MASTER'S DEGR	ECONDARY (0- REE	12)	☐ HIG	GH SCHOOL DIPLO	ма	The second second	IOWN	EARS OF COL		
6. CITIZEN OF WHAT COUNTRY UNITED STATES OF AMERICA			LORLAST OCC ORNEY	CUPATION	言法训		LAW	SINESS OR IN	LUSTRY		
The state of the s		SEPARATED	UNKNOW	/N	RRIED, SEPARATE						
21. FULL NAME OF DECEDENT'S FATHER OR PARENT II(first,min GARNELL OGENE BLAIR JR.	idle,last,suffix)(maiden n	ame,if any)	MALE	N. ALDRES VOCANICO	NAME OF DECEDE ONYA LOM		R PARENT I(first,	niddle,last,suffi	c)(maiden nam	e,if any)	FEMAL
13. INFORMANT'S RELATIONSHIP OR SOURCE OF INFORMATION 24. FULL NAME OF INFORMANT OR NAME OF SOURCE SORONYA HUDSON											
25. NAME OF HOSPITAL OR INSTITUTION OF DEATH (If none, so state) 25. NAME OF HOSPITAL OR INSTITUTION OF DEATH (If none, so state) DOA OU DOA OU							OUT PAT. I		INPATIENT		
6. SPECIFY IF DEATH OCCURRED SOMEWHERE OTHER THAN	A HOSPITAL										
7. CITY OR TOWN OF DEATH 28. ST	TERM CARE FACILITY REET ADDRESS OR RT 5 LEE STREE	. NO OF PLACE		CORRECTIO	ONAL FACILITY	OTHER (SPE		28b, COU	NTY OF DEA	TH (if independ	ent city, leave blar
METHOD OF DISPOSITION ENTOMBMENT / MAUSO	DIEUM 0	REMATION / D	NCINERATION	CREMA	TION WITH BURIA	SINCE	CREMATIO	N WITH ENTO	MBMENT/N	AUSOLEUM	
BURIAL AT SEA DONATION	M FIG	OTHER (SPECIFY	ALL PRYSO, C		COLUMN CALL ME	the specific	A KINGALL				
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This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department Of Health, Richmond, Virginia Seth austin

DATE ISSUED September 27, 2024

Seth Austin, Director and State Registrar

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VS 15C



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